

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

[REDACTED] (Name of Board)

BID TALLY SHEET

Solicitation Number: **[REDACTED]**

Solicitation Title: **[REDACTED]**

Date: **[REDACTED]**

VENDOR	In-State Preference	S.C. End- Product	U.S. End- Product	Adjusted Price	Price	Item #1			

Opened By: **[REDACTED]**

Witnessed by: **[REDACTED]**